

MINISTRY FOR DEFENCE

**Service
de Santé
des Armées**

HOPITAL D'INSTRUCTION DES ARMEES PERCY

Date: 30/10/2004

MEDICAL IMAGING DEPARTMENT

Tel: 01 41 46 63 18 – Reception/Appointment

Surname: LOUVET

01 41 46 65 80 – MRI Appointments

01 41 46 65 80 – Echography Appointments

Forename: Etienne

ASSOCIATE PROFESSOR JEANBOURQUIN

Born on: 13/05/1932

Department or Service: HAEMATOLOGY

CRANIO-ENCEPHALIC MRI

INDICATION:

Assessment of an alteration to the general condition

TECHNIQUE:

Examination limited owing to the conditions and movements of the patient

Axial planes in different weightings without injection of contrast products

RESULTS:

The various planes and sequences performed did not highlight any intracerebral occupancy process or signal abnormality in the sub- or supra-tentorial region.

The existence of atrophy was noted with enlargement of the cortical sulcus, particularly in the temporal region, with increase in volume of the temporal ventricular horns.

The median structures were in place.

The cervico-occipital hinge was normal.

CONCLUSION:

Cranio-encephalic MRI without notable abnormality apart from signs of atrophy.

Ass. Prof. D JEANBOURQUIN

MINISTRY FOR DEFENCE

**Service
de Santé
des Armées**

HOPITAL D'INSTRUCTION DES ARMEES PERCY

Date: 04/11/2004

MEDICAL IMAGING DEPARTMENT

Tel: 01 41 46 63 18 – Reception/Appointment

Surname: LOUVET

01 41 46 65 80 – MRI Appointments

01 41 46 65 80 – Echography Appointments

Forename: Etienne

ASSOCIATE PROFESSOR JEANBOURQUIN

Born on: 13/05/1932

Department or Service:
ANAESTHESIOLOGY INTENSIVE CARE

JL

ENCEPHALIC MRI
AND
ANGIOMR OF THE SUPRA-AORTIC VESSELS

TECHNIQUE:

Sagittal and axial planes in different weightings with and without injection of contrast product.

AngioMR centred on the supra-aortic vessels and the Willis polygon.

Film with selective shots and whole of the examination burned onto CD-ROM with integrated PC reading software.

RESULTS:

The examination conducted did not highlight any notable occupancy process or signal abnormality in the sub- or supra-tentorial region.

Only the existence of a certain degree of cerebellar atrophy was noted, and also in the temporal bilateral region.

The injection of contrast product did not highlight any abnormality in the meningeal structures.

The AngioMRs centred on the Willis polygon and the supra-aortic vessels, and did not highlight any vascular abnormality.

CONCLUSION:

Absence of notable encephalic, meningeal or vascular abnormality.

Only the existence of a certain degree of cerebellar and bilateral temporal atrophy was noted.

Ass. Prof. JEANBOURQUIN

FRENCH REPUBLIC

MINISTRY FOR DEFENCE

Service
de Santé
des Armées

HOPITAL D'INSTRUCTION DES ARMEES PERCY
MEDICAL IMAGING DEPARTMENT

Tel: 01 41 46 63 18 – Reception/Appointment
01 41 46 65 80 – MRI Appointments
01 41 46 65 80 – Echography Appointments

Date: 08/11/2004

Surname: MARTIPON

Forename: Frederic

ASSOCIATE PROFESSOR JEANBOURQUIN

Born on: 30/12/1940

Department or Service:
ANAESTHESIOLOGY INTENSIVE CARE

CRANIAL-ENCEPHALIC MRI

INDICATION:

Assessment

TECHNIQUE:

Sagittal and axial planes in different weightings without injection of contrast products

RESULTS:

The various planes and sequences performed on this day showed the existence of a signal abnormality in the cerebral peduncles and the thalami in the form of a hypersignal on the diffusion sequences. These abnormalities did not present any modification to the signal after injection of contrast product. Considering their symmetrical aspect, these lesions may suggest several hypotheses. They may be lesions of viral origin, particularly flavivirus, even CMV or herpes virus. This type of abnormality may also be seen in diabetes, Whipple's disease or malabsorption syndrome.

After injection of contrast product, the existence of enhancement of the pachymeningeal signal with no particular significance considering the history of lumbar punctures.

The rest of the exploration was no different to the exploration of 3 November.

CONCLUSION:

Signal abnormalities of the peduncular and thalamic regions that could be of viral origin, or due to malabsorption syndrome or Whipple's disease.

Enhancement of the pachymeningeal signal after injection with no particular significance considering the previous lumbar punctures.

Ass. Prof. D JEANBOURQUIN

101, Avenue Henri Barbusse; BP 406; 92141 CLAMART Cedex – Tel: 01 41 46 60 00
Military address: BP n° 129; 00 481 ARMEES – PNIA 829 926 60 00

MINISTRY FOR DEFENCE

**Service
de Santé
des Armées**

HOPITAL D'INSTRUCTION DES ARMEES PERCY

Date: 30/10/2004

MEDICAL IMAGING DEPARTMENT

Tel: 01 41 46 63 18 – Reception/Appointment

Surname: LOUVET

01 41 46 65 80 – MRI Appointments

01 41 46 65 80 – Echography Appointments

Forename: Etienne

ASSOCIATE PROFESSOR JEANBOURQUIN

Born on: 13/05/1932

Department or Service: HAEMATOLOGY

CEREBRAL, THORACIC AND ABDOMINAL/PELVIC SCAN

INDICATION:

Assessment of an alteration to the general condition

TECHNIQUE:

Planes with and without injection of contrast product (iomiron 300)

RESULTS:

1 – Thorax

The various planes performed did not show any notable lesion in the pulmonary parenchyma or mediastinum.

Presence of a little pleural fluid weeping predominantly on the right but of low abundance.

2 – Abdomen/Pelvis

The examination conducted highlighted the presence of antropyloric and duodenal parietal thickening with pseudo-separation appearance of the mucous membrane which was enhanced after injection. These appearances are more suggestive of infectious or inflammatory lesions than tumoral.

There was also quite a diffuse infectious or inflammatory appearance of the colic mucous membrane up to the rectal region.

This was associated with a small sub-hepatic fluid collection in the dome.

In the rectosigmoid region, the examination conducted highlighted a small anterior parietal polypoid formation.

Vesicular lithiasis without sign of complication.

Multiple cysts on the left kidney.

Absence of focal abnormality in the hepatic, splenic, pancreatic or renal parenchyma.

Absence of abdominal or retroperitoneal adenomegaly.

3 – Cerebral:

Absence of abnormality of density or visible occupancy process.

Absence of extracerebral collection.

Small left frontal-parietal hydroma relating to a surgical procedure in connection with the medical history.

Presence of signs of involution.

CONCLUSION:

Aspects of pancolitis associated with inflammatory lesions of the antropyloric and duodenal region.

Polypoid image of the rectosigmoid junction.

Vesicular lithiasis.

A little pleural weeping.

Ass. Prof. D JEANBOURQUIN

MINISTRY FOR DEFENCE

**Service
de Santé
des Armées**

HOPITAL D'INSTRUCTION DES ARMEES PERCY

Date: 03/11/2004

MEDICAL IMAGING DEPARTMENT

Tel: 01 41 46 63 18 – Reception/Appointment

Surname: LOUVET

01 41 46 65 80 – MRI Appointments

01 41 46 65 80 – Echography Appointments

Forename: Etienne

ASSOCIATE PROFESSOR JEANBOURQUIN

Born on: 13/05/1932

Department or Service: HAEMATOLOGY

CRANIAL-ENCEPHALIC SCAN

INDICATION:

Anisocoria, problems with vigilance within the framework of a DIC of undetermined origin.

TECHNIQUE:

Transversal axial planes of 2.5 mm and 5.0 mm in NOP and in spontaneous contrast from the base of the skull to the vertex.

RESULTS:

Artefacts owing to movements, patient agitated, difficult to manage.

Evidence of surgery.

Absence of abnormality in density spontaneously visible in the cerebral tissue in the sub- or supratentorial region, integrity of the sub-arachnoid spaces, the median structures were in place as normal, non-specific diffuse and harmonious enlargement considering the age of the patient, the cortical sulcus and cistern-ventricular cavities

CONCLUSION:

Cranio-encephalic examination without notable abnormality, appearance can be superimposed onto the initial assessment.

Dr Jacques BACCIALONE

MINISTRY FOR DEFENCE

**Service
de Santé
des Armées**

HOPITAL D'INSTRUCTION DES ARMEES PERCY

Date: 09/11/2004

MEDICAL IMAGING DEPARTMENT

Tel: 01 41 46 63 18 – Reception/Appointment

Surname: MARTIPON

01 41 46 65 80 – MRI Appointments

01 41 46 65 80 – Echography Appointments

Forename: Frederic

ASSOCIATE PROFESSOR JEANBOURQUIN

Born on: 30/12/1940

Department or Service:
ANAESTHESIOLOGY INTENSIVE CARE

CRANIO-ENCEPHALIC SCAN

INDICATION:

Alteration to the neurological condition with anisocoria.

TECHNIQUE:

Axial planes without injection of contrast products

RESULTS:

The various planes performed highlighted the presence of haemorrhagic lesions in the form of an intra-axial haematoma affecting the right cerebellar hemisphere extending into the vermis region.

It was associated with focal haemorrhagic lesions of the brain stem with left lateral increase and also in the thalamic regions.

These intra-axial haemorrhagic lesions were associated with meningeal haemorrhage affecting the posterior cerebral fossa and a haemorrhagic ventricular flood and a haemorrhagic problem affecting the subarachnoid spaces of the cervico-occipital joint.

All of these lesions were accompanied by a disappearance of the cisterna of the base of the skull.

CONCLUSION:

Right cerebellar intra-axial haemorrhagic lesions, in the vermis, of the brain stem and thalami associated with a haemorrhagic flood of the ventricular cavities, a meningeal haemorrhage and a disappearance of the cisternae at the base of the skull.

Ass. Prof. D JEANBOURQUIN